Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OR	OTHER THAN OR SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE								ı	MAIL	345.00	OR	NAIE	690.00
то	TAL CLAIMS		39 minus 20=			. 19		_	X\$ 9=		OR	X\$18=	342
INDEPENDENT CLAIMS 3 = *					· • ·		X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	10312
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	EŅTITY	OR	OTHER SMALL I	
AMENDMENT A		REM Al	AIMS IAINING TER NDMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT • EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.5	74	Minus	**	39	= 15		X\$ 9=	1350	OH OH	X\$18=	270
	Independent FIRST PRESE	* C	ON OF M	Minus	**	*	=		X39=		OR	X78=	X
	FIRST PRESE	NIAIR	JN OF WI	JLIIPLE DEF	CIVI	DENT CLAIM			+130=	~ 1	OR	+260=	
		(Col	umn 1)		11	Column 2)	(Column 3)	,	TOTAL ADDIT. FEE	Va	OR	TOTAL ADDIT. FEE	10
ENT B		CL REM	AIMS IAINING FTER NDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE /		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	54	Minus	**	Je -	=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	*	3/	Minus	**		=		X39=	1	OR	X78 ₌	
·	FIRST PRESE	NIAII	JN OF W	OLTIPLE DEI	CIN	DENT CLAIM		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡֓֡	+130=		OR	+260=	
								,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	<u> </u>
	ř e ce sa se		umn 1)	na Sanasa	((Column 2)	(Column 3)	1 _	<u></u>				
AMENDMENT C		REM A	AIMS IAINING FTER NDMENT		Р	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	211 05 14	Minus	**		=		X39=		OR	X78=	
	FIRST PRESE	:N (A) I	JN OF M	ULTIPLE DEI	CIN	DENT CLAIM		1	+130=		OR	+260=	
	If the entry in colu	mn 1 is mber Pr	less than the	ne entry in colu aid For" IN THI	imn 2 S SP	2, write "0" in co	olumn 3. an 20, enter "20.	ا ر ت	TOTAL		OR	TOTAL ADDIT, FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:								
	Total Fee Calculation								
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	= Total		
	Sm./Lg.				Sm. Entity	Lg. Entity			
Basic Filing Fee	201/101	^			345	690	<u>690</u>		
Total Claims >20	203/103	39 -20 =	19	x	9	18	= 342		
Independent Claims >3	202/102	3 -3=		x	39	78	=		
Mult. Dep Claim Present	204/104				130	260	=		
Surcharge	205/105				65	130	= 1 <u>30</u>		
English Translation	139								
TOTAL FEE CALCULA	ATION						1162		
Fees due upon filing t	he application:								
Total Filing Fees Due	= \$	1162		_					
Less Filing Fees Subm	nitted - \$								
BALANCE DUE	<i>a</i> = \$			_			>		

FORM OIPE-RAM-01 (Rev. 12/97)